



HAWAII PROGRAM IMPROVEMENT PLAN

Child and Family Services Review

State of
Hawaii

Department of Human Services
Services

June 2004

**Child and Family Services Reviews
Program Improvement Plan
June 7, 2004 (Revised June 18, 2004, July 22, 2004)**

I. PIP General Information

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Hawaii Program Improvement Plan Overview

We envision a Hawaii where:

- ? *All children grow up and thrive in a safe, supportive and stable home environment;*
- ? *When it becomes necessary to remove a child from home, family connections are preserved through regular visits with parents and siblings;*
- ? *Our interventions are:*
 - ✍ *Tailored to the individual needs of each child and family, while fully utilizing the strengths, problem-solving abilities and unique capacities of each family and local community;*
 - ✍ *Culturally sensitive and respectful of families' lifestyles, dynamics and choices for themselves and their children;*
 - ✍ *Undertaken in a spirit of partnership and collaboration with all parties interested in and committed to strengthening families' capacity to make healthy choices for the safety and well-being of their children.*
- ? *Our actions nurture, enhance and sustain the natural support systems for families in the community.*

In order to realize this vision, Hawaii must enlist the support, commitment and energies of the entire community. This vision recognizes that children will truly be safe only when all adults in the community take responsibility for the welfare of each and every child and hold one another accountable for their interactions with and actions on behalf of children. Parents and extended family are an integral part of this vision of respect and mutual accountability, particularly in light of Hawaii's cultural recognition of the importance of extended families as evidenced by our tradition of "hanai" relationships where children are voluntarily entrusted to the care of extended family members or close friends, who are deemed to best be able to nurture and support the child.

Nothing short of the genuine collaboration of all the actors in the system — parents and foster parents; businesses, academic institutions, philanthropies and the voluntary sector; the Court, its volunteers and guardians *ad litem*; educational and health professionals; the legislature, social service agencies, child welfare workers, and child advocates of every stripe, including the youth themselves — can create the synergy necessary to bring this vision to full fruition.

Our Program Improvement Plan (PIP) is a vital tool and an essential roadmap to the course we have set for ourselves as we embark together on this journey

toward a more accountable, a more responsive and a more effective system of care for our children. It incorporates critical initiatives designed to move our child welfare system closer to the “best practice” standards set forth in the Federal Child and Family Services Review (CFSR).

Our PIP It also builds on the data and insights generated by numerous other reviews, analyses and critiques of our child welfare system, including a recent report from the State Auditor, executive and legislative meetings in communities throughout the State, crystal methamphetamine (“ice”) abatement task forces spearheaded by the Lieutenant Governor, the Mayors of Hawaii County and Kauai County and the State Legislature, and the self-assessment and CFSR processes we have recently completed. The CFSR confirmed the issues facing the State that were highlighted in these reports: the increase in the number and severity of child abuse and neglect reports; the high staff workloads; the increasing negative impact of “ice” on the child welfare population; and the insufficiency of treatment services.

DEPARTMENTAL PRIORITIES

Given the findings from the various aforementioned studies and community meetings, the results from the CFSR, and the consensus of the team charged with developing the PIP, the Department of Human Services (DHS) has set the following priorities for its Child Welfare Services (CWS) program for the next two years:

1. CWS will ensure child safety by a timely response to all reports of child abuse and neglect accepted for investigation by CWS.
2. CWS workers will conduct ongoing safety, risk and needs assessments on all children and families in cases active with CWS.
3. CWS will ensure that every family and every child, as appropriate, are actively involved in developing their case plan; and
4. CWS will ensure that every child in our care, every family and every foster family are visited at least once a month by the assigned caseworker and afforded the opportunity of a face-to-face interview in cases active with CWS.

We have chosen these priorities because we believe they will maximize, when fully implemented, the impact of our efforts to achieve the outcomes to which we are committing ourselves in the PIP workplan.

FINDINGS

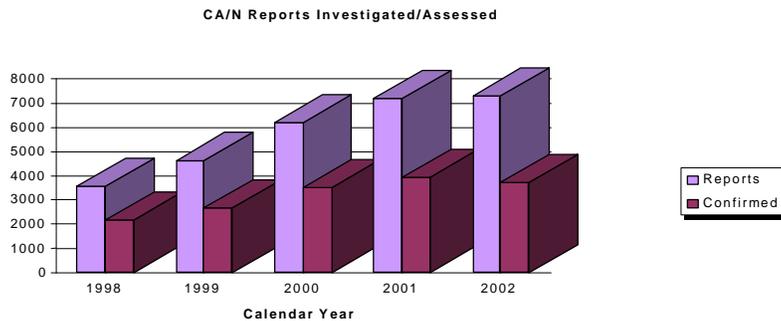
A key constant in all the evaluations and reviews of CWS has been the discrepancy between the Department’s policy, procedures, and standards (*i.e.*,

the agency's expectations of how CWS is to operate on a day-to-day basis) and actual practice as it occurs in the field.

Part of that performance gap is attributable to the growth in maltreatment reports opened for initial assessment/investigation, the high rate of removal of children from their homes, and the concomitant strain on the ability of CWS to manage the resultant demand for initial assessments/investigations and for qualified placements in foster care.

Portal issues are overwhelming CWS's capacity to effectively manage resources and respond to client needs, while hampering the foster care system's ability to provide quality care.

The graph below shows the 105% growth in reports accepted for initial assessment/investigation from calendar year (CY) 1998 to calendar year 2002 (3,568 to 7,318) and the 71% growth (2,185 to 3,744) in confirmed reports of child abuse and neglect.



NCANDS data reveal that 81.1% of the confirmed reports in CY 2001 were for threatened harm compared to 69.2% in CY 1998.

NCANDS data also indicate that Hawaii has a high rate of children being removed from home and entering foster care:

HAWAII – CY 2001

- 48.6% of confirmed reports resulted in children being removed from their family home
- 13.1% of unconfirmed reports resulted in removal

NATIONAL AVERAGE - CY 2001

- 19% of substantiated reports resulted in children being removed from their home.
- 4% of unsubstantiated reports resulted in removal

GROWTH IN ADMISSIONS (FOSTER CARE ENTRIES)
FROM FFY 1999 TO FFY 2002

Federal Fiscal Year (FFY)	FFY 1999	FFY 2000	FFY 2001	FFY 2002	Growth
No. of Admissions ¹	1,683	1,929	2,193	2,350	+ 40% + 667

Every fiscal year since 1999, we have had increases in the level of funding for foster care maintenance payments and every year we have had budget shortfalls. Every year funding priorities are directed to maintaining the foster care system. This year will be no different and next year will be no different unless we change things.

CROSS-CUTTING ISSUES

As we began to develop our strategies to remedy the various gaps identified in the CFSR, several salient issues emerged that have a substantial and cross-cutting impact on all areas of the PIP. Their extensive influence on the quality of outcomes for children and families has compelled us to use them as the primary basis for setting our priorities for the period of the PIP.

1. Assessment and Case Workloads

Excessive workloads, staff turnover, insufficient training and the lack of a quality assurance program effectively prevent CWS front-line workers from responding in a timely manner to all reports of abuse or neglect that are accepted for investigation by the Department and prevent them from meeting with all clients even one time per month. As a result CWS workers' relationships with birth families, foster families and children are compromised, fostering resistance and skepticism that corrode the mutual trust necessary for a successful collaboration to achieve the desired outcomes for children.

The duties of CWS workers and supervisory priorities must be re-aligned to emphasize face-to-face meetings with clients, timely investigation of reports of harm, involvement of the family in case planning and decision-making about their children's safety and welfare, and ongoing risk, safety and needs assessments of children, parents and the foster families who care for them. These priorities must become the primary focus of CWS workers' activities.

2. The Need for More Services

Services are not available and accessible to all children and families needing them at the time that they need them the most. Whether the child has been removed or is at risk of being removed, services to reunite or prevent removal are often not available. This affects many outcomes: repeat maltreatment, re-

¹ These figures are drawn from AFCARS data as of 09/30/2003

entry into foster care, and the length of time required to achieve permanency goals.

The most critical service gaps identified were creation of services to implement an alternate response system, access to substance abuse treatment and appropriate after-care services, mental health treatment and transportation services. Data from the case reviews pinpointed the “ice” epidemic and parental relapse as the primary factors behind repeat admissions to foster care. Children from substance-abusing families have swelled our foster care population and have contributed to the number of permanent custody cases because of the difficulties in reducing risk.

CWS program staff and their counterparts from other public and private agencies have begun a collaborative effort to construct a common strategy for increasing substance abuse treatment services for CWS clients and explore new ways in which funding might be secured for such an expansion of service. CWS will also provide enhanced training to its staff on dealing with substance-abusing clients.

Access to needed mental health services, particularly securing admission to the therapeutic group homes under the responsibility of the Department of Health (DOH), has also proven to be problematic. Efforts are currently underway that will make these placements more readily available to CWS clients. CWS will also increase the amount of therapeutic counseling services available under its purchase of service (POS) contracts. Transportation services will also be expanded under the POS agreements, thereby facilitating parental and sibling visitation and access to services for CWS clients.

3. Improve Assessments, Case Planning and Follow Up

The case reviews conducted as part of the CFSR make clear that some CWS workers have difficulty assessing the needs of families and that these assessments (when completed) do not always address the underlying needs of the family. A number of stakeholders commented on a “cookie cutter” approach to case planning and a lack of family or foster parent involvement in determining service needs.

In response, CWS will develop and implement a structured decision-making process for assessing the safety and risk of harm to children. This revised assessment protocol will provide CWS workers with the tools to actively assess and prioritize parental needs early in the case and link the assessment of safety and risk to the services necessary to strengthen families and eliminate or diminish risk factors. This structured approach to risk and safety assessment and case planning will be continuous throughout the family’s involvement with CWS. Procedures will be revised and a new Family Treatment Guide and Family Service Record will be developed that promote the family’s and foster parent’s active participation in the case planning process.

Once the new instruments and procedures have been finalized, the curriculum for both initial and ongoing training related to case planning and follow-up will be revised to ensure it is practical, immediately applicable, and concrete. This training will focus on specific goal-oriented case planning related to the child's special needs, foster parent needs as they relate to the child, and the parents' needs as they relate to the safety and risk to the child.

4. The Court Improvement Program

CWS and the Court Improvement Program (CIP) will begin a series of meetings on June 7, 2004 with representatives from CWS, the Judiciary, the Attorney General's Office and other stakeholders. The purpose of the meetings will be to address the issues raised in the PIP and to improve collaboration between the parties by focusing on problem-solving in areas that impact achieving permanency for children in foster care.

This working group, to be called the CIP Operations Group (COG) will develop a program of technical assistance in collaboration with the National Child Welfare Resource Center on Legal and Judicial Issues to improve the knowledge of all stakeholders, including but not limited to CWS, the Judiciary, guardians *ad litem*, and attorneys for families on issues related to case planning, case reviews, the resources available for families involved in H.R.S. Chapter 587 cases, and visitation among parents and siblings, among others.

PRIMARY STRATEGIES FOR CHANGE

1. Alternate Response System

Foster care discharge data show that about two thirds (2/3) of the children discharged annually from foster care return home. The median length of stay in foster care prior to reunification is 3.1 months. One of our primary strategies for improvement involves changes to our intake, case assignment and case planning processes that should help to prevent the removal and placement of those children whose time in foster care is less than 100 days.

With all due concern for the safety of children at risk, our intent is to divert as many cases as possible from formal entry into the CWS system. We will accomplish this through a four-pronged approach that simultaneously addresses different facets of the problem: (1) we will develop a differential response capacity, or alternative ways of responding to intakes, including assignment of appropriate reports to immediate response teams or to alternative community-based response programs rather than to formal CWS initial assessment and investigation; (2) we will respond to some of our threatened harm cases through expanded and intensified diversion services, such as alternative community-based responses to help families provide a safe home, services that prevent

removal by eliminating, whenever possible, the risk within the home; (3) we will improve access to needed services and expand the array of services available to meet the individual needs of children and families; and (4) we will intensify our efforts to strengthen families by engaging them in change early on, keeping them informed and involving them in decisions regarding the safety and well-being of their children in order to prevent removal or hasten reunification.

This strategy also includes a policy direction that embraces our local custom of “hanai” placements, *i.e.*, entrusting the care of children to relatives and friends outside of the nuclear family who can provide a safe and nurturing home for them. Honoring this tradition ensures that children are not taken into custody unnecessarily and preserves relationships that are important to a child’s well being. This policy also recognizes as well that diversion and other supportive services are, where appropriate, available to DHS and the court as an alternative to the physical removal of children.

2. Increased Family Involvement and Use of Ohana Conferences

A primary strategy for increasing the efficacy and level of family involvement will entail a substantially expanded use of Ohana conferences. These conferences are modeled on the New Zealand Family Group Conferencing model developed in 1985. Ohana conferences gather together the parents and extended family of children and other stakeholders such as CWS workers or voluntary services providers involved in the CWS system to collaboratively develop placement plans for children, service plans for parents, reunification plans so that children may safely return home as soon as possible, permanency plans for those children who will not return home, and transition plans for those children aging out of care.

We intend to streamline the O’hana conferencing process to expand the use of Ohana conferences at several key stages throughout the family’s involvement with CWS:

- ? initially, at the point of intake;
- ? as an alternative dispute resolution mechanism, when the family and the child welfare authorities have reached an impasse or an elevated level of contention exists;
- ? as a quality control mechanism to ensure safety plans are defined prior to reunification or case closings; and
- ? at the point of emancipation for those young adults aging out of the foster care system.

Intake – Holding an Ohana conference at the beginning of the family’s involvement with CWS provides an opportunity for the family to collaborate on the identification of potential family or kinship placements for children; to develop a service plan with appropriate resources and support to enable children to remain safely in the family home; and to develop visitation plans for parents and

children when an out-of-home placement is necessary. These conferences also provide information to the family on how CWS will work with them, clarify the statutorily-imposed timelines and legal requirements of the *Adoption and Safe Families Act*, and explain the process of concurrent planning. The conference helps families understand the identified safety concerns, makes sure they fully and precisely comprehend the issues that must be addressed before the case can close, and assists them in making informed decisions about their children's welfare.

Dispute Resolution – Due precisely to the collaborative and non-confrontational nature of the Ohana conference, it has proven to be a preferred method, in the hands of a skilled facilitator, for reducing conflict and negotiating consensus when an impasse has been reached and intractable differences seem to separate the parties. Such situations usually seem to arise when cases have been in the system for six months or more and progress, for one reason or another, seems to have come to a standstill. The Ohana conference can often break the logjam and avoid more adversarial means of moving the case forward.

Reunification and Case Closings – The Reunification conferences are designed to help families identify support systems within their network of relationships and their local community that will nurture and sustain the family's successful reunification and ensure that their child can safely remain at home and avoid reentry into the foster care system. The Case Closing conferences enable the family to review the circumstances that brought them into the system, to reinforce their knowledge of the techniques and resources they can utilize to master or avoid those troubles in the future, and to inventory the resources within their extended family and local community that they can turn to, should problems arise once again. Both Reunification and Case Closing conferences focus on the development of a safety plan that identifies who can care for the children safely and encourage the use of a power of attorney, if appropriate and if a child will be staying with a designated relative while the parent is seeking help. These conferences draw on the synergistic wisdom of the family, and other stakeholders such as CWS workers or voluntary services providers.

Emancipation – Ohana conferences conducted as young adults approach emancipation from the CWS system enable them to identify and begin to engage the various support networks they will need to call upon in order to successfully manage the transition to independent living.

Thus, Ohana conferences could be used multiple times over the life of a case. For calendar year 2003, 585 conferences were held which represent approximately 10% of our caseload. We are on track to hold more than 800 conferences this year and we project 900 conferences in 2005.

Participation in Ohana conferences is voluntary on the part of the family. Currently this alternative is underutilized, so any effort to increase utilization must

include a more intensive consumer education and outreach campaign to engage clients' interest. Consequently, we will initiate and deploy statewide an Ohana Outreach program. We will attempt to contact every family with a new confirmed CWS case beginning on the start date of PIP implementation to inform them about Ohana conferencing and to highlight their option to choose this alternative for their family should they so desire.

The families will be mandated, if permitted by law, or invited to attend an informational meeting with an Ohana Conferencing provider in their local community to obtain more details about the program. Also, we will provide information to families in a booklet that will describe what an Ohana conference is and how a family may elect to participate and help families to understand what their involvement with CWS entails.

As foster parents become involved in Ohana Conferencing, they are provided an orientation regarding the purpose of the Ohana Conference. The provider mails to the foster parents handouts about Ohana Conferencing and discusses with them on the phone what Ohana Conferencing is about and the reason they are being invited to attend.

For those families who decline to participate in an Ohana conference, the CWS worker will meet with the family, get in touch with collateral contacts and extended family members, and negotiate a service plan with the family. If a consensus cannot be reached on the service plan, the case will be brought to court, diverted to alternate services or closed.

3. Development of a Systematic Quality Assurance Program

Although certain individual components of a comprehensive quality assurance program exist in fragmentary fashion throughout CWS, there is no systematic or institutionalized process for evaluating the efficacy of the agency's interventions with families. Administrative case reviews (compliance or quality reviews) that would provide management with timely feedback information on whether CWS efforts are in compliance with state and federal requirements, and on the quality of case practice and the impact on client outcomes, either have not been conducted or, if conducted, information from the reviews have not been systematically gathered or used to track and manage improvements.

A key strategy for ensuring the success of our program improvement endeavors is to develop a systematic monitoring and management process of gathering, reviewing and using case practice information that will enable us to achieve a culture of continuous quality improvement integral to a "learning organization" and to measure progress in attaining PIP improvement goals.

As an initial step in this process, CWS sections will conduct supervisory reviews to determine how units are faring on key practice standards (based on

Departmental priorities) utilizing a reporting checklist for monthly review of cases by unit supervisors with workers. This will link efforts at the unit level to reinforce standards-based practice through supervision and performance monitoring.

DHS will also establish and conduct CFSR-modeled, comprehensive quality reviews, or administrative case reviews by peer reviewers, and, through time-series analysis of case review data from the last half of Year 1 followed by data from both the first half and the second half of Year 2, we will collect, review and use information to manage and track PIP improvements.

Regional Continuous Quality Improvement (CQI) Councils will be established to review data/information on a quarterly and annual basis, in order to track and report on improvements.

4. Pilot Programs

As part of our overall strategy for improvement, we are also implementing the following pilot programs:

✍ The Family Court “*E Ho’olokahi a Malama ka Ohana*” Program.

Two Family Court courtrooms have tested new procedures designed to:

- ? Promote the use of Ohana conferencing to encourage early collaboration among the parties to a CWS case.
- ? Emphasize the need for the entire child welfare system to quickly focus on the child and the family with an over-arching concern for the safety and permanency of the child.
- ? Promote processes that emphasize progress rather than unproductive legal disputes.
- ? Provide legal consultation for parents in the court system.

The Family Court will complete the pilot on June 30, 2004 and will decide what features of the project will be applied to all courtrooms on Oahu.

✍ A Peer Mentoring Program for youth transitioning out of foster care.

The program will provide peer mentoring for youth transitioning out of care by former foster youth who have successfully made the transition from care into independent living. These youth will share their “real life” experiences, problems, and solutions with youth currently in foster care and help them to create their own support networks as they pursue independence.

✍ Implementation of “Immediate Response Teams”.

This pilot program will provide after-hours assessment and investigative overload capacity, initially to CWS sections that are experiencing problems due to excessive workload and staff vacancies or turnover. The program will assist the section in providing adequate coverage for cases that are referred to the Department that require an immediate face-to-face assessment to assist CWS sections experiencing difficulty in providing a timely response to reports of abuse or neglect due to vacancies, staff turnover, unanticipated increases in referrals and other work-related issues.

✍ Development of case management service capacity for voluntary cases.

The inclusion of case management services for in and out-of-home cases through enhancements to our current service programs will provide workload relief to CWS workers by the provision of case management services for families who have been offered and accepted services without the jurisdiction and intervention of the Family Court.

NARRATIVE OUTCOME AREAS

Safety

Outcome S1: Children are, first and foremost, protected from abuse and neglect

Item 1

Timeliness of initiating investigation of reports of child maltreatment.

Factor contributing to non-conformity:

✍ High workload and high turnover in Child Welfare Services (CWS) program create difficulties in responding within agency guidelines.

Improvement Plan:

The Department recognizes that the current workforce will not be able to provide face-to-face responses to reports of child abuse and neglect accepted for investigation by the Department. Match with workplan

We plan to pursue the following strategies to divert appropriate cases and provide assistance to our staff to focus our investigative response on those children who are most at risk:

1. Clarify existing rules and procedures related to the acceptance and response times of reports of child abuse and neglect.

2. Develop and implement a revised decision-making model of intake, safety and risk assessment.
3. Pilot "Immediate Response Teams" (IRT) to respond within 24 hours to reports of child abuse that require immediate face-to-face assessment.
4. Develop a resource within existing purchase of service contracts to provide case management services to voluntary cases.
5. Expand and enhance existing alternate response services, including but not limited to our POS contracts for Diversion, Comprehensive Counseling and Support Services (CCSS).

We have projected a 2 percent per year increase in the number of investigations with a timely response within agency guidelines because effectively resolving this issue will require systemwide changes that will take longer than the Program Improvement Plan (PIP) timeframe.

Measurement Method:

We will measure the effectiveness of these practice changes by supervisory case reviews that will be conducted as part of our quality assurance protocols beginning October 1, 2004. Baseline data will be obtained from the first round of supervisory reviews beginning with the October 1, 2004 review.

Item #2

Repeat Maltreatment.

National Data Standard: Incidence of Child Abuse and/or Neglect in Foster Care (Standard 0.57% or less)

Factor contributing to non-conformity:

✍ The Statewide assessment indicates problems with data.

Improvement Plan:

The State will ensure that correct data is entered into the Child Protective Services System (CPSS).

Measurement Method:

We will measure our performance by using NCANDS data.

Item #3

Services are provided to protect children in the home and prevent removal.

This item was found to be a strength in the CF SR review and will not be addressed in our PIP.

Outcome S2: Children are safely maintained in their own homes whenever possible and appropriate.

Item #4

Risk of harm to the child.

Factors contributing to non-conformity:

- ✍ Services were not offered by CWS or were insufficient to reduce the risk of harm.
- ✍ CWS did not take the necessary measures to ensure that risk of harm was adequately addressed.

Improvement Plan:

We will address these issues by:

1. Developing and implementing a structured decision-making process to assess the safety and risk of harm to children and needs of children and families throughout the life of the case.
2. Needs and services of children and parents will be assessed and addressed through the use of a revised assessment process that links the assessment of safety and risk to the services necessary to strengthen families and address risk factors.
3. Involving children and families in case planning.

Measurement Method:

We will measure this item by conducting quality case reviews that will be available beginning with the April 2005 PIP quarterly report. Baseline data will be obtained from the first round of quality case reviews beginning with the April 2005 report.

Permanency

Outcome P1: Children have permanency and stability in their living situations

Item #5.

Foster care re-entries.

Factors contributing to non-conformity:

- ✍ The findings from the CFSR review found that in 30% of the cases reviewed, the child re-entered foster care within 12 months from a prior episode.
- ✍ The major contributing factor identified by the stakeholders who were interviewed was the parent's pattern of substance abuse relapse.
- ✍ There is a scarcity of substance abuse treatment.
- ✍ Caseworkers are prematurely closing cases.
- ✍ Parents do not want to participate in services voluntarily.

Improvement Plan:

To address these problems, the following actions will be taken by the Department:

1. Procedures will be implemented that will require that prior to reunification, an Ohana Conference and, where appropriate, a multidisciplinary team (MDT) will be conducted to include family members, relatives, and all identified supports, to bring an awareness of the signs of relapse, to develop a safety plan and concurrent planning should family maintenance not be possible.
2. Caseworkers will be provided training on substance abuse relapse prevention/intervention.
3. Increaseing worker visits to the child and family.
4. Collaboration with the State of Hawaii, Department of Health, Alcohol and Drug Abuse Division to develop additional substance abuse treatment resources and, if resources are available, by pursuing purchase of services for substance abuse treatment services to be provided at Neighborhood Places or other community-based locales. (Neighborhood Places are family centers that provide counseling, information and referral services to families).
5. Implementation of a revised and structured decision-making process that will guide investigative and case management staff when assessing whether a case is ready to be closed.
6. Strongly encouraging clients to participate in voluntary services through face-to-face contacts, providing information on the negative consequences of a confirmation of abuse or neglect, and aggressive outreach by purchase of services providers.

The goals for the 1st and 2nd year are in 1% increments. Due to the heavy emphasis on diversion and up-front services, we expect that only the very serious cases will come into CWS. These cases will be the high level complex cases with chronic and multiple problems.

The statewide assessment also noted that DHS believes there were "false episodes" of re-entry due to coding errors. Staff will need to be trained on correct data entry and supervisors will need to conduct periodic entry checks.

Measurement Method:

We will measure the effectiveness of these practice changes by supervisory case reviews that will be conducted as part of our quality assurance protocols beginning October 1, 2004. Baseline data will be obtained from the first round of supervisory reviews beginning with the October 1, 2004 review.

Item #6

Stability of foster care placement.

Factors contributing to non-conformity:

- ✍ A lack of teamwork between the workers and foster parents.
- ✍ Insufficient training and support for relative and non-relative foster parents.
- ✍ Insufficient alternative placement resources such as therapeutic foster homes.
- ✍ A need for better matching between children and their foster parents.

Improvement Plan:

The Department plans to better prepare and support foster parents, both relative, and non-relative with children placed in their homes by:

1. Training of workers to improve skill level and ability to work cooperatively with foster parents, ensure better dissemination of essential information to foster parents, improve timeliness of child-specific training (CST).
2. Training of workers to improve regular worker contact; improve timeliness of CST; improve supervision; maximize Comprehensive Counseling Support Services to foster and adoptive parents.
3. Increasing the competency of foster parents by providing timely CST.
4. Providing alternative resources/services through better access to Department of Health (DOH) therapeutic homes.
5. Increasing the supply/pool of foster parents by addressing recruitment issues.
6. Monitoring and addressing issues that contribute to multiple placements for foster children by improving supervision and creation of a review system for cases with multiple placements.

Measurement Method:

We will measure the effectiveness of these practice changes by supervisory case reviews that will be conducted as part of our quality assurance protocols beginning October 1, 2004. Baseline data will be obtained from the first round of supervisory reviews beginning with the October 1, 2004 review.

Item #7

Permanency goal for the child.

Factors contributing to non-conformity:

- ✍ Caseworker turnover and delay in progress due to the time needed for the new worker to become familiar with the case.
- ✍ Some court jurisdictions granting parents extensions in goal dates.
- ✍ Hesitancy of workers to use foster/adoption or “risk” adoption foster homes due to a concern that the foster parents may not support reunification efforts.
- ✍ Lack of consistent statewide application of concurrent permanency planning.

Improvement Plan:

Focus for this item is the consistent application of concurrent permanency planning (CPP) as the means to ensure ongoing assessment of the family and child’s situations and timely determination of an appropriate permanency goal. Factors of the CPP process that lead to appropriate and timely permanence for the child include full disclosure to the family about the purpose for CWS intervention, the emphasis on the importance of family involvement and their responsibility for the ultimate outcomes for the child, including the child remaining in or returning to a safe family home or termination of parental rights and adoption.

Placement issues that support the child’s early achievement of permanency include the ability and appropriateness of the foster parents to be both a support for reunification efforts and, at the same time, a short-term and a permanent home for the child.

A key factor will be impressing upon each biological parent the fact that child safety, well-being and permanency are paramount for determining whether the child will be returned to the home. Notwithstanding recognized challenges that these parents must overcome, they have a time-sensitive decision to make if they desire reunification.

Hawaii will issue new CPP procedures followed by statewide training, implementation, and monitoring to ensure the procedures are followed. Information and training will be provided to stakeholders, including service

providers, foster parents and the courts through the CIP regarding the goals and processes for CPP to ensure consistent statewide application.

Measurement Method:

We will measure this item by conducting quality case reviews that will be available beginning with the April 2005 PIP quarterly report. Baseline data will be obtained from the first round of quality case reviews beginning with the April 2005 report. As part of the quarterly reporting, we will provide reports from providers that show utilization of Ohana Conferencing. Those reports are currently available and will be used to determine baseline data.

Item #8

Reunification, legal guardianship or other permanent placement with relatives.

Factors contributing to non-conformity:

- ✍ Multiple appeals to the termination of parental rights decision by the Family Court.
- ✍ Delays were attributed to a lack of attention to achieving the goal on the part of the CWS caseworkers.
- ✍ Per stakeholders, reunification generally occurs in a timely manner. When this does not happen, it is usually due to limited access to some needed services.

Improvement Plan:

Increasing the worker’s attention to the case is a key strategy. But, in order to facilitate worker’s ability to see the parents, children and foster parents, other changes to the system need to occur. See Item 1 – Alternative Response. We will also increase the utilization of Ohana Conferencing.

The Department plans to improve the timeliness of reaching the goals of reunification, guardianship or permanent placement with relatives by:

1. Increasing the utilization of Ohana Conferencing.
2. Increasing transportation and supervised visitation services in the CCSS purchase of services contract to maintain the bond between parents and children and to give parents the opportunity to apply new knowledge and skills in relating to their children. Refer to Item 35 for description.
3. Increasing intensive home-based support services in the CCSS purchase of services contract to provide parents with needed knowledge and skills,

such as counseling, parenting education, parental life skills and support, to provide a safe home for their children. Refer to Item 35 for description.

4. Addressing the need for more worker's attention to parents, children, and foster parents. This is a key strategy that has been emphasized in the Federal Final Report (Item 19 Worker visits with child) as crucial for case planning, linkage to services, and goal attainment. Refer to Item 19 for description of our improvement strategy.
5. Improving service accessibility for families. This strategy is included as stakeholders reported that this was the cause for delays in reunification in some cases. Refer to Item 36 for description.

Measurement Method:

This item will be measured by conducting quality case reviews that will be available beginning with the April 2005 PIP quarterly report. Baseline data will be obtained from the first round of quality case reviews beginning with the April 2005 report.

Item #9

Adoption (within 24 months).

Factors contributing to non-conformity:

- ✍ Caseworker turnover.
- ✍ Delays in transferring cases to the adoption unit.
- ✍ Overcrowded court dockets which result in continuances.
- ✍ Under-utilization of Order to Show Cause Hearings in some Circuit Courts.

Improvement Plan:

CWS will make concerted efforts to achieve finalized adoptions in appropriate cases within 24 months of a child's entry into foster care by:

1. Increasing the pool of adoptive parents by addressing recruitment issues.
2. Increasing consistency in delivery of services by providing clear procedures and training on CPP and improved supervision.
3. Working with the Court Improvement Project (CIP) to expedite court processes and address concurrent planning, delays in termination of parental rights (TPR) and the appeal process.
4. Increasing relative placements and permanency options through the increased use of Ohana conferencing.

Measurement Method:

The Department will measure progress for this item using AFCARS data.

Item # 10

Permanency goal of other planned permanent living arrangement.

Factors contributing to non-conformity:

- ✍ Stakeholder perception that independent living resources are not adequate and the Department is not making sufficient effort to ensure successful transition for 18 year olds.
- ✍ Some foster youth, foster parents and CWS workers hold a common belief that transitioning youth do not need ILP services.

Improvement Plan:

Although the Department currently has purchase of service (POS) contracts with providers for ILP services throughout the State, they are not fully utilized. The focus for this item is consistent assessment of the youth's needs and referral to ILP services. Currently the requirements and procedures for ILP are contained in the general foster care section. This lack of specific emphasis has contributed to the lack of clarity about the program for some workers and stakeholders. New rules and procedures will add emphasis and clarify parameters of the program; including the necessity of an individualized transition plan based on an assessment of each youth's needs, and the requirement for referral to ILP services providers.

The successful transition of foster youth to independence will be enhanced through the following strategies:

1. Increase consistent application of current procedures.
2. Promulgate new rules and procedures to further support and require ILP services.
3. Increase support services for transitioning youths.
4. Expand the statewide Ohana Conferencing program to include conferencing to assist with transitioning youth to assist in building a support network and a pilot peer-mentoring project on Oahu and Maui.
5. Create a mentoring program for youth exiting care to independent living.

Measurement Method:

We will measure our progress in this item by review of Child Protective Services System reports that are currently in production that will provide a baseline and show an increase in the number of youth provided ILP services.

Outcome P2: The continuity of family relationships and connections is preserved for children

Item #11

Proximity of foster care placement.

This item was found to be a strength in the CFSR review and will not be addressed in our PIP.

Item #12

Placement with siblings

This item was found to be a strength in the CFSR review and will not be addressed in our PIP.

Item #13

Visitation with parents and siblings in foster care.

Factors contributing to non-conformity:

- ✍ CWS did not make diligent efforts to ensure that sibling visitations occur.
- ✍ Foster parents are reluctant to have siblings visit each other in the foster homes.
- ✍ When visitation occurs, it is not with sufficient frequency to permit adequate assessment of parenting skills or make decisions about the readiness for reunification.

Improvement Plan:

The Department recognizes the importance of sibling and parental visitation and the opportunity visitation offers to facilitate reunification and assessment of the connections between children and their families. We plan to address this item by:

1. Providing visits between children and their families for at least 3 hours per week by increasing visitation and transportation services.
2. Involving foster parents with parent and sibling visits.
3. Training supervisors and staff on the importance of visitation and strategies to maximize visitation opportunities between children and their siblings and parents.

Measurement Method:

This item will be measured by supervisory review that will be available beginning October 1, 2004. Baseline data will be obtained from the first round of supervisory reviews beginning with the October 1, 2004 review.

Item #14

Preserving connections.

Factors contributing to non-conformity:

- ✍ CWS did not make diligent efforts to preserve connections with former foster parents or extended family.
- ✍ CWS did not make concerted efforts to preserve connections for Native Hawaiian children.

Improvement Plan:

The Department recognizes the importance of preserving family and cultural connections. We plan to address the issues identified by the case reviewers by:

1. Increasing the use of Ohana Conferencing as a means of seeking out relatives who may be potential placement resources.
2. Increasing the foster parents' awareness of the importance of preserving connections for foster children.
3. Increasing the recruitment of Native Hawaiian foster homes.

Measurement Method:

We will measure this item by conducting supervisory reviews that will be available beginning October 1, 2004. Baseline data will be obtained from the first round of supervisory reviews beginning with the October 1, 2004 review.

Item # 15

Relative placements.

Factors contributing to non-conformity:

- ✍ CWS needs to identify and recruit appropriate maternal and paternal relatives who can be licensed as foster homes.

Improvement Plan:

CWS will ensure that children will have safe, stable placements with relatives, whenever possible by:

1. Increasing the use of Ohana Conferencing to increase relative placements and permanency options.
2. Improving the foster home licensing and training process to decrease unnecessary disruptions.
3. Providing training to supervisors and caseworkers to ensure a diligent search is made for birth parents and other relatives who may be placement resources for children.
4. Ensuring a relative search by incorporating the requirement that the parents provide information on relatives who may become foster parents into a court required document or part of the voluntary service plan for the family.

Measurement Method:

We will measure this item by quality case reviews that will be available beginning with the April 2005 PIP quarterly report. Baseline data will be obtained from the first round of quality case reviews beginning with the April 2005 report.

Item #16

Children in foster care will preserve and strengthen their relationships with parents.

Factor contributing to non-conformity:

- ✍ There is a lack of resources to provide visitation and transportation to children and parents that would help preserve and strengthen the children's relationship with parents.

Improvement Plan:

1. CWS will improve this measure by: Increasing visitation and transportation services.
2. Increasing the birth family interaction with the child.
3. Increasing worker visits with the child and parents.
- 4.

Measurement Method:

This item will be measured by conducting quality case reviews that will be available beginning with the April 2005 PIP quarterly report and completion of the benchmarks for this item in the PIP workplan. Baseline data will be obtained from the first round of quality case reviews beginning with the April 2005 report.

Well-Being

Outcome WB1: Families have enhanced capacity to provide for their children's needs

Item #17

Needs and services of the child, parents, and foster parents.

Factors contributing to non-conformity:

- ✍ Some workers are skilled in the area of assessment; some are not.
- ✍ It is difficult to obtain mental health assessments for children.
- ✍ CWS does not assess or address the needs of foster parents on a consistent basis.
- ✍ There are gaps in services and some services have long waitlists.

Improvement Plan:

The Department will utilize the following strategies to address this item and to ensure that workers adequately assess service needs and provide appropriate service referrals for children, parents and foster parents:

1. To consistently assess the needs of children and parents, the Department will fully implement the structured decision making process to ensure initial and ongoing assessments of family strengths and needs. Refer to Item 1.1.
2. To ensure that CWS workers are skillful in the area of assessment, the Department will emphasize in new worker training (classroom and transfer of learning) the knowledge and skills pertaining to assessing needs of families and linking them to services. Refer to Items 32.1 and 32.2.
3. To engage families in the process of assessing their own needs and identifying services, the Department will increase Ohana Conferencing, a family decision-making model where families' needs are identified and addressed. Refer to Item 8.1.
4. To ensure that comprehensive assessments on the health needs of children are completed within time-frames established by CWS procedures, the Department will make referrals through Early Periodic Screening and Developmental Testing (EPSDT), or other means of screening for comprehensive health assessments. Refer to Item 22.1.3 Physical needs of child and Item 23.1 Mental health needs of child.
5. To ensure that CWS workers or other providers identify needed services and make these services available to families, the workers or providers will engage families in identifying their needs and linking them to

appropriate services. See Item 18.2. Child and family involvement in case planning and review.

6. To address gaps in services, the Department will implement an Alternate Response System that will expand existing diversion and comprehensive counseling and support service purchase of service contracts to provide an increased capacity to provide more of the existing services to meet the needs of families and children. We will also be increasing our contracts to include transportation, which was not previously funded. See Items 35.1-35.3. Service Array. See Items 36.1-36.5 Access to Services. One of the strategies that is being pursued is to work with our service providers, such as sex abuse treatment services, to bring more services into communities rather than requiring clients to travel to the services.
7. To ensure that CWS assesses and addresses the needs of foster parents on a consistent basis, CWS workers will provide necessary information regarding the child in placement to foster parents in a timely manner. See Items 30 and 31. Quality Assurance.
8. To ensure that CWS assesses and addresses the needs of foster parents, CWS will provide support to foster parents for specific children through visits with child and foster parents by CWS workers and others. See Item 19 Worker visits with child and foster parents.

Measurement Method:

We will measure this item by conducting quality case reviews that will be available beginning with the April 2005 PIP quarterly report and the measurement methods for the specific items listed. Baseline data will be obtained from the first round of quality case reviews beginning with the April 2005 report.

Item # 18

Child and family involvement in case planning and review.

Factors contributing to non-conformity:

- ✍ Inconsistent statewide involvement of family in case planning.
- ✍ CWS workers not being trained in philosophy and methods of family engagement leads to different interpretations of what family engagement means.

Improvement Plan

The Department's key strategy to address this item is the development and use of the Service and Treatment Record and Treatment Guide for all families to ensure that family members, including children, as appropriate, have input into

the ongoing assessment and service planning. These tools will to be provided and explained to each family by the CWS worker or other provider, for the family to track visits with workers, children and providers for follow-through and case progress. These guides will be packaged with the petition, court order, service plan, calendar, and provider sheets in order to increase family involvement in service planning. The benchmarks for progress and successful completion of items in the Service and Treatment Record will help the family track their progress and enable them to see when they have successfully completed each item/service. The Treatment Guide will be a resource manual containing descriptions of services/service providers that the family and the CWS worker or other provider will use for case management and referral purposes.

These tools will facilitate the family involvement in ongoing assessment and case planning because all parties will be able to see participation and progress in services. This information can be used to guide the content and purpose of CWS worker or outsourced visits from the VSP.

As interim measures to ensure family involvement, until the Service and Treatment Record and Treatment Guide are finalized and CWS staff are trained on the intent and use of the instruments, CWS staff will be directed to follow current procedures requiring family involvement, and the service plan format will be revised to include an assurance by the assigned worker that the family, including children of appropriate ages, were actively involved in the development of the service plan, or an explanation of why the family was not involved.

Measurement Method:

We will measure this item by conducting supervisory reviews that will be available beginning October 1, 2004. Baseline data will be obtained from the first round of supervisory reviews beginning with the October 1, 2004 review.

Item #19

Worker visits with child.

Item #20

Worker visits with parents.

These Items, #19 and #20, are addressed in the following write up.

Factors contributing to non-conformity:

- ✍ Visits with children, parents and foster families are not being provided on a monthly basis.
- ✍ When visits occur, often they are not sufficient to meet the needs of the child, and are not focused on goal attainment with the parents and foster parents.
- ✍ High caseloads and worker turnover have negatively impacted on CWS's ability to ensure a sufficient frequency of worker visits with children and parents.

Improvement Plan

We recognizes that workers must visit with children, parents and foster parents.

The Department will address this item by:

1. Clarifying that worker contact with children, parents and foster families is a priority for the Department.
2. Increasing the time available for worker contacts with children, parents and foster parents by streamlining documentation.
3. Decreasing the workload by the provision of alternative response, diversion and comprehensive counseling and support services, and implementation of VSP.

The goals for increasing the amount of contacts between workers and their clients were developed with consideration of the changes that must occur to lower caseloads, clarify Departmental priorities for workers and implement a "worker friendly" means of easily and clearly documenting visits.

Measurement Method:

We will measure this item by conducting supervisory reviews that will be available beginning October 1, 2004. Baseline data will be obtained from the first round of supervisory reviews beginning with the October 1, 2004 review.

Outcome WB3: Children receive adequate services to meet their physical and mental health needs

Item #21

Educational needs of the child.

This item was found to be a strength in the CFSR review and will not be addressed in our PIP

Item #22

Physical health needs of the child.

Factors contributing to non-conformity:

- ✍ Medical assessments and services are delayed because it takes a long time to receive the initial medical insurance card.
- ✍ There is a scarcity of dental providers who will accept Medicaid, particularly on Maui.
- ✍ Foster parents do not receive medical information at the time of placement.

Improvement Plan:

The following strategies will be pursued to improve meeting the child's physical needs through collaborative efforts by the Department's three Divisions, Med-Quest Division (MQD), Benefit, Employment, and Support Services Division (BESSD), and Social Services Division (SSD) to improve access to medical services for children:

1. To improve foster children's access to medical and dental services, the Department's three Divisions (Med-Quest; Benefit, Employment, and Support Services; and Social Services) are working together to identify ways to accomplish this goal. The Divisions' administrative staff will meet with medical providers to have them accept a photocopy or fax of the medical insurance card from foster parents to avoid unnecessary delays in medical services to foster children. There will be an informational meeting for SSD section administrators, supervisors, and CWS workers to address: SSD using the current medical application form; how to complete the form correctly; how to select a medical plan; how to access Early, Periodic Screening, Diagnosis and Treatment (EPSDT) for health assessments on children; how to access dental providers on Maui; and information on medical providers' accepting a photocopy or fax of the medical insurance card from foster parents.
2. To monitor whether children's physical needs are regularly addressed, CWS sections will be reminded to input dates of children's health exams in the Child Protective Services Information System (CPSS).
3. To ensure that foster parents receive medical information on children in their care, reminder checklists for CWS workers' or other providers use will be developed.

Measurement Method:

We will measure this item by conducting quality case reviews that will be available beginning with the April 2005 PIP and quarterly report and completion of the benchmarks listed for this item in the PIP workplan. Baseline data will be obtained from the first round of quality case reviews beginning with the April 2005 report.

Item # 23

Mental health needs of the child.

Factors contributing to non-conformity:

- ✍ A key concern identified was that mental health assessments were not being conducted on children when there was clear evidence that a mental health assessment was needed.
- ✍ Statewide Assessment notes that there are concerns about the inaccessibility of DOH therapeutic foster homes and the impact of placing children with higher level needs in regular foster homes that might be unprepared to deal with those needs.

Improvement Plan:

Children who have active cases with CWS will have their mental health needs assessed and there will be an increased capacity to meet their treatment needs.

In the first year, there will be efforts made by the Department's three Divisions (MQD, BESSD, SSD) to improve access to comprehensive health services for children. There will also be efforts to improve coordination between DHS and the Department of Health, Child and Adolescent Mental Health Division (CAMHD).

Strategies to improve meeting the child's mental health needs:

1. To address the concern of ensuring that mental health assessments are conducted on CWS children, DHS Med-Quest Division staff will review with Social Services Division, EPSDT requirements and referral process. Refer to Item 22.1.3 Physical needs of children. Through EPSDT, the mental health needs of children can be identified and addressed. By training staff on how to make the EPSDT referrals, staff will know how to utilize EPSDT to obtain comprehensive health assessments for the children in open CWS cases.
2. To address the concerns about the inaccessibility of DOH therapeutic foster homes: 1) CWS and CAMHD will identify state level and local level Points of Contact staff for CWS to contact when CWS is having difficulty with the Serious Emotional and Behavioral Disturbance, (SEBD)

determination process; 2) CWS and CAMHD will develop methodology to capture data on the number of children in open CWS cases who are referred to CAMHD for SEBD eligibility determination and to track their status.

So far, CAMHD staff and CWS staff have been working on expediting individual cases that are brought to Child Welfare Services Branch Administrator's (CWSBA) attention as needing assistance. The CAMHD Chief Branch Administrators on Kauai and on the Big Island have been holding regular meetings with CWS Section Administrators to identify problem areas and this has been working well to get the children the help that they need.

3. There will be a planning meeting between CAMHD and CWS to work out details on roles and responsibilities of the DOH Point of Contact staff who will serve as "trouble shooters" to facilitate the process of SEBD determination and appropriate placement of CWS foster children into therapeutic foster homes.

Measurement Method:

This item will be measured by conducting quality case reviews that will be available beginning with the April 2005 PIP quarterly report. Baseline data will be obtained from the first round of quality case reviews beginning with the April 2005 report.

Please note: As part of our quarterly report we will also be providing the following additional information which will be incorporated into quarterly reports from the CAMHD.

CAMHD will submit quarterly reports in table format. The table will have columns with headers: child's name; birth date; gender; date of CWS referral received for SEBD determination; child's diagnosis; CAFAS (Child and Adolescent Functional Assessment Scale); date SEBD determination completed; eligibility determination and reason if not eligible; type of mental health (MH) service provided; date MH service initiated.

SYSTEMIC FACTORS

Statewide Information System

Item #24

State is operating a statewide system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

This item was found to be a strength in the CFSR review and will not be addressed in our PIP.

Case Review System**Item # 25**

Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

Factors that contribute to non-conformity:

- ✍ Parent and child involvement in case planning varies across localities.
- ✍ CWS worker develops plan and then presents to families before court hearings.
- ✍ Case plans can be difficult to understand for persons with limited education.
- ✍ High caseloads and worker inexperience are barriers to engaging families.

Improvement Plan

The focus for this item is an emphasis on family engagement and involvement in case planning with the primary strategies being:

1. Concurrent permanency planning (see Item 7),
2. Ohana Conferencing (see Item 8), and
3. Training on the intent and implementation of the Service and Treatment Record and Treatment Guide, tools for improving family involvement (see Item 18).

Measurement Method:

We will measure the effectiveness of these practice changes by supervisory case reviews that will be conducted as part of our quality assurance protocols beginning October 1, 2004. Baseline data will be obtained from the first round of supervisory reviews beginning with the October 1, 2004 review.

Item #26

Provides a process for the periodic review of the status of each child no less frequently than once every 6 months, either by a court or by administrative review.

This item was found to be a strength in the CFSR review and will not be addressed in our PIP.

Item #27

Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequency than every 12 months thereafter.

This item was found to be a strength in our CFSR review and will not be addressed in our PIP

Item #28

Provides a process for termination of parental rights proceedings in accordance with the provisions of ASFA.

This item was found to be a strength in our CFSR review and will not be addressed in our PIP.

Item # 29

Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

Factors contributing to non-conformity:

- ✍ Statewide inconsistency in the provision of notice to foster parents.
- ✍ Foster parents' participation in hearings varies across courtrooms.

- ✍ Participation varies depending on foster parents' knowledge and understanding of their rights.

Improvement Plan:

Requirements for the provision of notice to foster parents regarding review hearings, including their right to be heard, are contained in the Hawaii Revised Statute (HRS) §587-72 and Departmental procedures. The focus for this item is the consistent application of these requirements through clarification and enforcement of current statutory requirements and Departmental procedures.

Measurement Method:

This item will be measured by the Department's achievement of the benchmarks listed under the item.

Item #30

The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

Quality Assurance

Factors contributing to non-conformity:

CWS has clear standards to ensure that foster children are provided with quality services. However:

- ✍ The standards are not fully implemented by all CWS units.
- ✍ There is a lack of consistency by supervisors and administrators to monitor cases and casework activities.

Improvement Plan:

CWS plans to implement standardized supervisory tools focused on the CFSR standards addressing quality and timely services to ensure that all CWS caseworkers will have a clear understanding of work expectations and priorities. The primary supervisory tool will be used on a monthly basis for each case during the supervisory-worker's conference and to refine training to address deficient areas. Other tools (i.e., checklists) will also be developed to help workers in areas of work performances.

Measurement Method:

We will measure this item by conducting supervisory reviews that will be available beginning October 1, 2004. Baseline data will be obtained from the first round of supervisory reviews beginning with the October 1, 2004 review.

Item #31:

State-wide continuous quality improvement assurance system.

Factors contributing to non-conformity:

- ✍ There is no uniform and consistent Statewide quality assurance system.
- ✍ Agency units are given discretion regarding the types of quality assurance reviews conducted.
- ✍ Case reviews are not conducted at the supervisory or section level in a uniform, systematized manner that would lend itself to data aggregation, analysis and use for program management.
- ✍ Supervisory reviews need strengthening in order to integrate quality assurance with implementation of standards and unit performance.

Improvement Plan:

The Department acknowledges the lack of a coordinated, uniform process of monitoring for quality assurance and continuous improvement. Thus, as a starting point of a larger, 5-year strategic plan, the Department will be developing and implementing a systematic monitoring and management process of gathering, reviewing and using case practice information from supervisory case reviews and from CFSR-modeled, comprehensive quality case reviews, to achieve a culture of continuous quality improvement integral to a “learning organization” and to measure progress in attaining the improvement goals described in this 2-Year Program Improvement Plan (PIP). In order to accomplish this goal, the Department will:

1. Convene an on-going Continuous Quality Improvement (CQI) Policy Group, whose responsibility will be to guide the development and implementation of the State’s CQI system. Representation will include administrators, supervisors, workers, and representatives from external agencies and stakeholder groups, such as Hawaii Foster Parent Association, IV-B Court Improvement Project, Hawaii Foster Youth Coalition, Citizen Review Panels, etc. The CQI Policy Group will review, develop, refine and strengthen new and existing CQI programs and functions in the Department to more effectively and systematically use data/information to track improvements, including information on improvements based on the Departmental PIP priorities, and to systematically link performance feedback to training and training needs.

2. Conduct supervisory case review of how sections/units are faring on key practice standards (based on Departmental PIP priorities) utilizing a reporting checklist for monthly review of cases by unit supervisors with workers.
3. Conduct CFPSR-modeled, quality case reviews and, through time-series analysis of case review data from the last half of Year 1 followed by data from both the first and second half of Year 2, collect, review and use information to manage and track PIP improvements, improvement gaps/needs, impact of efforts, changes needed/corrective action to be taken, if any, and resource requirements.
4. Establish Regional CQI Councils to review data/information on a quarterly and annual basis, track and report on improvements, improvement gaps/needs, impact of efforts, changes needed/corrective actions to be taken, if any, and resource requirements. This information will be reported to the CQI Policy Group.

Measurement Method:

This item will be measured by the Department's achievement of the benchmarks listed under the item.

Staff and Provider Training

Item #32

The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under Titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

Factors contributing to non-conformity:

- ✍ Stakeholders have expressed concerns about the practicality of the training that is provided.
- ✍ Stakeholders believe that the training does not sufficiently prepare caseworkers to do their jobs.
- ✍ Mentoring and shadowing do not occur at all sites.
- ✍ There are delays in providing training for new hires.

Improvement Plan:

Hawaii's New Hire Core Training for CWS social workers and paraprofessional staff will be revised to reinforce areas that were cited as needing to be improved in the CFSR:

1. Progressive steps have been taken to make training practical. Further enhancements will continue:
 - 2001: case scenario introduced and imbedded into the CWS case process and the rules and procedures;
 - 2002: case scenario refined in the CWS case process, rules, procedures and integrated into the computerized CPSS system;
 - 2003: specific training tracks created for social workers, licensing workers and paraprofessionals to ensure job relevance;
 - 2004: modifications are being made to improve these tracks with activities, outside resources and interviewing exercises.
2. To ensure staff preparedness for the job, the New Hire Core Training will be expanded an extra week to provide concentrated emphasis on key CWS areas. This will supplement earlier Core Training and reinforce knowledge and skills. The "Training and Practice Integration Plan (see # 4) will also support and reinforce practice on the job.
3. Shadowing experiences and community site visits will be implemented statewide but in varying ways due to the differences in numbers of trainees from Oahu vs. the Neighbor islands:
 - a) West Hawaii Neighborhood Place will serve as the vehicle to bring community resources together for shared networking and collaboration. A list with areas to cover will be provided to the Neighborhood Place by Staff Development Services (SDS). Quality will be ensured through quarterly feedback with the Neighborhood Place as well as with the manager/supervisor and new trainee to ensure that resources and information meet the needs of the employee.
 - b) For Kauai, Maui, Molokai, Lanai and East Hawaii, the Section Administrators/supervisors will bring resource personnel in as part of a quarterly section or staff meeting or have the new hire initiate contact with key resource providers (SDS will provide a guide of the areas to cover during the visit which will be similar to what's covered on Oahu).
 - c) Oahu's shadowing and community site visits will be coordinated by SDS due to the larger number of trainees.
4. A Training and Practice Integration Plan (TPIP) or transfer of learning plan, will be initiated to bridge the time from the new hire's actual start date to formal training as well as to assess worker preparedness on the line. This 4 part plan will include:

- a) Orientation to the Department, Branch, Section, Unit which will include shadowing of unit workers along with site visits related to their shadowing experiences and viewing of two on-line modules in preparation for CORE training;
- b) Pre-Core activities: review of the training syllabus, training schedule and the trainee data form by the supervisor with the new hire;
- c) Core Training: structured, formal training consisting of Child Welfare Services' job specific knowledge and skills, shadowing, community site visits, computer systems' input with regular feedback between the training unit and supervisors to assess worker's integration of information and skill performance. The National Resource Center for Organizational Improvement and the ACF-Region IX Office will be provided with the curriculum for the "On the Job" (OJT) – community site visits and shadowing components;
- d) Post Core: Feedback to and from managers/supervisors of trainee activities and performance and quarterly feedback up to one year of employee's practice, curriculum changes needed and or follow follow-up refresher.

This TPIP will be integrated with the supervisory tools and evaluation component as discussed in the PIP (refer to 32.5.1 and 32.5.6).

Hawaii's new supervisory training will include:

1. Training on the varied supervisory tools developed as part of the PIP process in supervising case activities related to safety, permanency and well-being outcomes (see item 30.1). Buy in should be positive as a representative group of supervisors, section administrators and social workers are developing the tools and determining what supervisory tasks will take precedence;
2. Training on the use of the Training Practice Integration Plan (TPIP) or transfer of learning plan to support and reinforce worker learning and skills;
 1. Training developed in partnership with the University of Hawaii's School of Social Work (UH-SSW) and key stakeholders/community service providers such as Kapiolani Child Protection Center, Hawaii Foster Parents Association, Children's Justice Center, Domestic Violence Clearinghouse/Legal Hotline, Hawaii Behavioral Health, Department of Health, Queen Liliuokalani Children's Center, Effective planning and Innovative Communication Inc. (EPIC) Ohana Conferencing Program and the Judiciary (Court Improvement Project).

The initial Supervisor/Manager training will be for new and ongoing personnel; subsequent training will focus on new personnel.

Measurement Method:

This item will be measured by quality case reviews the completion of the benchmarks listed under the item.

Item #33

The State provides for ongoing training for all staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

Factors contributing to non-conformity:

- ✍ A formal, structured ongoing training program needs to be developed.
- ✍ There is no requirement for staff to participate in ongoing training.
- ✍ There is no ongoing training curriculum.

Improvement Plan:

An ongoing training curriculum for all section administrators, supervisors, support services staff, CWS workers and paraprofessionals will be developed to support the goals of the CFSP. This strategy will be threefold:

1. A partnership will be established with the University of Hawaii, School of Social Work (UH-SSW), to implement ongoing training;
2. Simultaneously, selective ongoing training needs will be addressed through Staff Development, existing community service providers and conferences sponsored by varied organizations, nationally and locally;
3. Staff Development will continue opening New Hire Core training modules to all levels of staff for “refresher.”

Measurement Method:

This item will be measured by the completion of the identified benchmarks listed under the item.

Item #34

The state provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Factors contributing to non-compliance:

- ✍ Training for general licensed homes does not prepare the foster parents to care for the foster children placed in their homes.
- ✍ Training for child specific foster parents is not provided timely.
- ✍ There is no formalized ongoing foster parent training.

Improvement Plan:

Hawaii will develop and routinely provide a structured In-Service (on-going) training for foster/ adoptive parents and child specific licensed families. The training curriculum may include PRIDE in-service training materials (supplemental to the pre-service PRIDE training done for all general licensed foster parents) as well as information assessed as needed by each island's "Foster Parent Training Committee." This strategy will consist of three parts:

1. Development of a training partnership with the University of Hawaii-School of Social Work and key stakeholders including Kapiolani Child Protection Center, Hawaii Foster Parents Association, Children's Justice Center, Domestic Violence Clearinghouse/Legal Hotline, Hawaii Behavioral Health, Department of Health, Queen Liliuokalani Children's Center, EPIC Ohana Conferencing Program and the Judiciary.
2. Simultaneously, Hawaii will continue utilizing existing foster parent training committees to develop/sponsor training to assist with the ongoing training needs of our foster/adoptive parents including child specific licensed families.
3. Foster/adoptive parents, including child specific licensed families, will be invited to attend specific training offered as part of the New Hire Core training (the timeliness of training child specific licensed families is addressed in Systemic Factor 7).

Measurement Method:

This item will be measured by the completion of the identified benchmarks listed under the item.

Service Array

Item #35

The State has in place an array of services that assess the strengths and needs of children and families and determines other service needs, addresses the needs of families in addition to individual children, in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placement achieve permanency.

Factors contributing to non-conformity:

- ✍ Many services are not available throughout the Islands.
- ✍ Statewide Assessment expressed concern regarding the availability of DOH therapeutic foster homes.
- ✍ There is a need for intensive home-based services for family preservation.
- ✍ Stakeholders identified gaps in critical services (including mental health services for children, therapeutic foster homes, sexual abuse treatment for children, transportation, visitation services, in-home supportive services and parenting/mentoring, substance abuse services).
- ✍ There is a lack of coordination between DHS, DOE, and DOH.

Improvement Plan:

The array of services for CWS parents, children, and foster parents will be uniformly available statewide.

Strategies to increase the array of services statewide:

1. There will be an expansion of our contracts for community-based alternate response services which will ensure that clients will not be waitlisted or provided services other than those they need. See Item 1.3 Safety for description.
2. Increase the Comprehensive Counseling and Support Services program by 19,000 hours per year beginning in State Fiscal Year 2005 for additional services to families. The funding for the program is flexible and programs will utilize the additional hours of service to provide the full array of comprehensive services which would include the intensive home support, counseling, transportation and visitation, depending on the assessed needs of the child and family.
3. There will be an increase of in-home support services/outreach services for parents and foster parents in our Comprehensive Counseling and Support Services contract.
4. There will be an increase of availability of substance abuse treatment services for CWS clients. CWS is partnering with DHS Benefit

Employment and Support Services Division (BESSD) in a collaboration to help CWS parents who are TANF eligible to receive substance abuse services through the BESSD POS contract. In March 2004, the procedures were finalized and issued to both the BESSD and CWS staff. This will also help to alleviate the current CWS POS contract for substance abuse, which has been unable to provide substance abuse treatment services to all clients in need of treatment.

5. There will be a strengthening of coordination between CWS and DOH- (CAMHD) in order to place eligible CWS children into therapeutic foster homes. See Item 23 Mental health needs of children.

Measurement Method:

This item will be measured by quality case reviews that will be available beginning with the April 2005 PIP quarterly report and the results of the cross referenced items and completion of the benchmarks for action step 35.4.

Item #36

The services in item #35 are accessible to families and children in all political jurisdictions in the State.

Factors contributing to non-conformity:

- ✍ Services such as therapeutic foster homes, juvenile sex offender treatment, and mental health services for children are not accessible in all localities.
- ✍ Independent living services are not seen as being available or accessible statewide.
- ✍ Some services have extended waitlists.
- ✍ Lack of transportation, particularly on the Neighbor Islands, is a major barrier to accessing services.
- ✍ Mandated provision of therapeutic services by the DOH for DOE children has made it very difficult to access mental health services for children in the child welfare system.

Improvement Plan:

CWS will improve the accessibility of services to CWS parents, children, and foster parents statewide through the following strategies:

1. Increase transportation and supervised visitation services in our CCSS contract to facilitate reunification and to support foster families. See Item 35.2 Service Array – Transportation services.

2. Improve access to medical services for children and families and identify the need for information meetings with SSD, section administrators, supervisors, social workers, and social service assistants. See Item 22.1 Physical health needs of children.
3. Improve access to mental health services for children and families. See Item 23.1. Mental health needs of children. (Cross reference with Item 22.1.3 EPSDT).
4. Improve access to substance abuse assessment and treatment services for CWS families. See Item 35.4 Service Array, Substance abuse treatment services.
5. Improving access to sex abuse treatment purchase of services by holding meetings with the providers to discuss the feasibility and ways to make their services available in closer proximity to families needing services.

Measurement Method:

This item will be measured by the completion of the benchmarks for of the cross-referenced items and review of quarterly purchase of service reports.

Item #37

The services in Item #35 can be individualized to meet the unique needs of children and families served by the agency.

Factors contributing to non-conformity:

- ✍ Ohana Conferencing addresses specific family needs and results in “tailored” services. Ohana Conferencing is not uniformly used throughout the State.
- ✍ Capacity to individualize services is not always realized.
- ✍ Services are provided a limited pool of providers, thus there is little opportunity to diversify services.
- ✍ Lack of interagency collaboration among DHS, DOE, and DOH prevents effective coordination and provision of individualized services.

The Department will conduct assessment and case planning to identify and meet, to the extent possible, the individual needs for each child and family through the following strategies:

1. Enhance CWS workers’ knowledge and skills pertaining to assessing the needs of families and linking them to appropriate services.
2. CWS workers and other providers will individualize the service plans and engage families in the development of the service plans.
3. Increase utilization of Ohana Conferencing, a proven method to engage families and to individualize services.

Measurement Method:

This item will be measured by the results of the cross referenced items.

Agency Responsiveness to the Community

Item #38

In implementing provisions of the CFSP, the state engages in ongoing consultation with tribal representatives, consumers, service providers, the juvenile court, and other public and private child and family serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

This item was found to be a strength in the CFSR review and will not be addressed in our PIP.

Item #39

The agency develops in consultation with these representatives annual reports of progress and services delivered pursuant to the CFSP.

This item was found to be a strength in the CFSR review and will not be addressed in our PIP.

Item #40

The States services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

Although this item was found to be an area needing improvement, since the systemic factor was found to be a strength, this item will not be addressed in our PIP.

Item #41

The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.

This item was found to be a strength in the CFSR review and will not be addressed in our PIP.

Foster and Adoptive Licensing, Recruitment, and Retention

Item #42

The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

Factors contributing to non-conformity:

- ✍ Licensing standards are not applied equally to general licensed and child-specific foster homes.
- ✍ There is placement disruption when provisionally licensed homes do not meet licensing standards and children must be removed.

Improvement Plan:

The Department will apply licensing standards equally to general-licensed and child-specific foster homes by:

1. Improving trainings to better prepare and support our foster parents.
2. Providing and require ongoing trainings for foster parents.
3. Improving the timeliness of child-specific trainings.
4. Increasing consistency in delivery of services/licensing.
5. Improving training of all staff who license foster homes.
6. Improving working relationships and teamwork between licensing units and other placement units.
7. Providing ongoing refresher and Q and A sessions for licensing units.

Measurement Method:

This item will be measured by conducting quality case reviews that will be available beginning with the April 2005 PIP quarterly report and the achievement of the benchmarks in the cross referenced items.

Item #43

The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

This item was found to be a strength in the CFSR review and will not be addressed in our PIP..

Item #44

The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Factors contributing to non-conformity:

- ✍ High numbers of Hawaiian and Part-Hawaiian foster children.
- ✍ A lack of Native Hawaiian foster homes.
- ✍ Adoption of Native Hawaiian children by non-Native Hawaiians on the mainland.
- ✍ Recruitment that does not reach all communities.
- ✍ There is a lack of risk adopt homes for teens and adolescents.
- ✍ The focus on recruitment of military homes results in high turnover of homes.

Improvement Plan:

CWS will improve the process for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in Hawaii for whom foster and adoptive homes are needed (increase the Native Hawaiian foster and adoptive homes) with the following strategies:

1. Improving the recruitment plan to make it comprehensive, targeted and collaborative.
2. Developing and implementing a monitoring process.
3. Increasing relative placements and permanency options by increase utilization of Ohana conferencing.
4. Enhancing access to federal funding through proposals submitted by the Department.
5. Participating in national recruitment efforts with ACF and AdoptUSKids.

Measurement Method:

The Department will measure progress in this area by documenting the number of Hawaiian and Part-Hawaiian foster and adoptive homes and the review of quarterly CPSS reports on licensed homes.

Item #45

The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

This item was found to be a strength in the CFSR review and will not be addressed in our PIP.

Acronym	<u>Complete Name</u>
ACF	Administration for Children and Families
ANA	Administration for Native Americans
AP	Adoptive Parent
ARS	Alternate Response System
BESSD	Benefit, Employment, and Support Services Division
CASA	Court Appointed Special Advocates
CCSS	Comprehensive Counseling and Support Services
CFSR	Child and Family Services Review
CIP	Court Improvement Program
COG	CIP Operations Group
CORE	New Hire Core Training
CPP	Concurrent Permanency Planning
CQI	Continuous Quality Improvement
CS	Child Specific
CST	Child Specific Training
CWS	Child Welfare Services
DAG	Department of Attorney General
DOH-CAMHD	Department of Health, Child and Adolescent Mental Health Division
EPIC	Effective planning and Innovative Communication Inc
FCTC	Foster Care Training Committee
FP	Foster Parent
HBH	Hawaii Behavioral Health (POS provider)
HFPA	Hawaii Foster Parent Association
HFYC	Hawaii Foster Youth Coalition
HRS	Hawaii Revised Statutes
ICF	Internal Communications Form
ILP	Independent Living Program
IRT	Immediate Response Team
LAN	Local Area Network
MDT	Multidisciplinary Team
MICU	Management Information Compliance Unit
MQD	Med-Quest Division
NCANDS	National Child Abuse and Neglect Data System
NRC	National Resource Center
OIT	Office of Information and Technology
PD	Program Development
POS	Purchase of Service
PRIDE	Parent Resources for Information, Development, and Education
QA	Quality Assurance
SA	Section Administrator
SD	Staff Development
SEBD	Serious Emotional Behavioral Disturbance
SFHG	Safe Family Home Guidelines
SSD	Social Services Division

TANF	Temporary Assistance for Needy Families
TTA	Training and Technical Assistance
U.H. SSW	University of Hawaii, School of Social Work
VSP	Voluntary Services Program